

NEVADA DEPARTMENT OF EDUCATION

Model Form to Assist Parties in Filing a Notice of Insufficiency

Name  
Address  
Telephone Number

Date

Hearing Officer  
Address

Dear     (Hearing Officer)    :

The purpose of this letter is to notify you of our belief that the Due Process Hearing Request filed on     (date of the receipt of the request for a hearing by the school district, if known)     regarding     (name of child)    , born on     (birth date)     is insufficient as follows:

*(Check the item(s) in the notice that you believe is/are insufficient and explain why.)*

           The name of the child, the address of the residence of the child<sup>1</sup>, and/or the name of the school the child is attending;

           The description of the problem relating to the proposed or refused initiation or change in the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education to the child;

           The description of the facts relating to the problem, including when the problem occurred;

           The proposed resolution of the problem to the extent known and available to the party at the time of the request.

Sincerely,

*Cc. Other party*

---

<sup>1</sup>If the child is homeless, indicate whether the belief of insufficiency relates to the available contact information and the name of the school the child is attending.